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The mediating role of metacognitive variables in the relationship between Thought-Action Fusion and obsessive-compulsive symptomatology

Paula Odriozola-González [a,*], *Marino Pérez-Álvarez* [b], *José Manuel García-Montes* [c], *Salvador Perona-Garcelán* [d], *Oscar Vallina-Fernández* [e]

[a] *Departamento de Psicología, Universidad de Valladolid, Palencia, Spain*
[b] *Departamento de Psicología, Universidad de Oviedo, Oviedo, Spain*
[c] *Departamento de Personalidad, Evaluación y Tratamiento Psicológico, Universidad de Almería, Almería, Spain*
[d] *Hospital Universitario Virgen del Rocío, Sevilla, Spain*
[e] *Hospital Sierrallana, Torrelavega, Cantabria, Spain*

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ABSTRACT

Diverse studies support the central role of Thought-Action Fusion (TAF) and other metacognitive variables in the understanding of obsessive-compulsive disorder (OCD) symptomatology. However, a more detailed study of the involvement of these variables is needed. This article seeks to assess the possible mediating role of the factors of the Metacognitions Questionnaire (MCQ) in the relationship between TAF and OCD symptoms both in clinical and non-clinical samples. A cross-sectional design was used in which 120 participants, divided into three groups (two clinical and one non-clinical), completed the questionnaires assessing the constructs of interest. The mediational findings generally supported the proposed mediation model. Specifically, the mediational analyses focused on negative beliefs and the need to control (metacognitive factors of the MCQ) showed that MCQ Negative beliefs mediated the effects of TAF-Total and TAF factors (except for the TAF-Moral) on OCD symptomatology in the OCD group. The MCQ Need to control was non-significant as a mediator of the relationships between TAF and OCD. However, it was observed that this mediation approached significance, with considerable effect sizes. In the clinical-control group, the analyses showed that MCQ Negative beliefs mediated the effects of TAF-Likelihood-Oneself on OCD symptoms. In the remaining group, neither MCQ Negative beliefs nor MCQ Need to control were found to be significant mediators. It is generally concluded that certain beliefs, such as TAF, can evolve toward more complex metacognitive beliefs, which ultimately lead to the development of OCD symptoms.

* *Corresponding author.*
E-mail address: paula.odriozola.gonzalez@uva.es (P. Odriozola-González).

El papel mediador de las variables metacognitivas en la relación entre la fusión pensamiento-acción y la sintomatología obsesivo-compulsiva

RESUMEN

Palabras clave:
Metacogniciones
Fusión pensamiento-acción
Trastorno obsesivo-compulsivo

Diversos estudios han señalado el papel de la fusión pensamiento-acción (TAF) y otras creencias metacognitivas en la comprensión de la sintomatología obsesivo-compulsiva. No obstante, es preciso un estudio más pormenorizado que esclarezca la contribución de estas variables. El objetivo del presente estudio es evaluar el posible papel mediador de los factores del Cuestionario de Metacogniciones (MCQ) en la relación entre la TAF y la sintomatología obsesivo-compulsiva, tanto en muestras clínicas como no clínicas. Con un diseño transversal, 120 participantes divididos en tres grupos (dos clínicos y uno no clínico) respondieron a los cuestionarios que evaluaban los constructos de interés. Los resultados apoyaron de manera general el modelo mediacional propuesto. Concretamente, los análisis se centraron en la necesidad de control y las creencias negativas (factores metacognitivos del MCQ) y mostraron los siguientes resultados. En el grupo de sintomatología obsesivo-compulsiva, las creencias negativas mediaron los efectos de TAF-total y los factores de TAF en la sintomatología obsesivo-compulsiva, a excepción de TAF-moral. El factor necesidad de control no llegó a ser un mediador significativo; no obstante, esta mediación estaba próxima a la significatividad y se contemplaron tamaños del efecto considerables. Respecto al grupo de control clínico, los análisis mostraron que las creencias negativas mediaban los efectos de TAF-probabilidad-uno mismo en la sintomatología obsesivo-compulsiva. En el grupo restante, ni las creencias negativas ni la necesidad de control resultaron ser mediadores significativos. Se concluye, de manera general, que creencias como la TAF pueden evolucionar hacia creencias metacognitivas más complejas que conllevan, en último término, el desarrollo de la sintomatología obsesivo-compulsiva.

Obsessive-compulsive disorder (OCD) is characterized by a series of recurrent and persistent thoughts, urges, or images denominated obsessions – experienced as intrusive and unwanted – as well as a series of behaviors called compulsions, performed in order to eliminate the distress provoked by the former (American Psychiatric Association, 2013). Most traditional psychological approaches to this symptomatology indicate the role of cognitive variables as a central element (Rachman, 1997). However, in recent decades, new cognitive approaches have emerged, attracting attention to metacognitions concerning the dysfunctional beliefs, in contrast to traditional cognitive models which focused on cognitive variables. Metacognitions refer to the structures and processes involved in the control, modification, and interpretation of one's thoughts. One of the most influential of these new approaches is the model of Self-Regulatory Executive Function (S-REF; Wells & Matthews, 1996). According to the S-REF model, a particularly problematic mode of processing associated with and directed by underlying metacognitive beliefs is conceptualized as one of major factors involved in the vulnerability to and maintenance of emotional disorders (Wells, 2009). Thus, metacognitive beliefs lead to the activation of a specific pattern of thinking called the Cognitive Attentional Syndrome (CAS). This consists of repetitive thinking in the form of worry and rumination, excessive attentional focus on thoughts and feelings, and coping behaviors such as avoidance and thought suppression. Specifically, Gwilliam, Wells, and Cartwright-Hatton (2004) suggest the existence of two broad types of metacognitive beliefs in OCD symptomatology: beliefs concerning the meaning and power of intrusive thoughts, and beliefs about the need to control thoughts and/or to perform rituals. The first set of beliefs have been termed "fusion beliefs" and include three types of fusion (Wells, 2009): Thought-Action Fusion (TAF), the belief that a thought alone can cause an unwanted action or have moral consequences; Thought-Event Fusion (TEF), the belief that a thought can either cause an event or else it means that an event has happened in the past; and Thought-Object Fusion (TOF), the belief that thoughts and feelings can be transferred onto objects. The second domain includes beliefs concerning the need to perform rituals to attenuate the consequences associated with obsessive thoughts. Most of the beliefs identified by the Obsessive Compulsive Cognitions Working Group – OCCWG as being essential to OCD can also be considered as metacognitive beliefs. In particular, regarding the beliefs evaluated with the Obsessive Beliefs Questionnaire (OBQ) designed for this purpose (OCCWG, 2005), the importance given to intrusive thoughts and need to control them as well as the need for certainty and responsibility for harm and overestimation of danger can be considered as metacognitive beliefs.

Several studies support the relation between metacognitions and OCD symptoms, thereby finding important correlations both in clinical and nonclinical samples (Grøtte et al., 2015; Myers & Wells, 2013; Rees & Anderson, 2013). Myers, Fisher, and Wells (2009) found that metacognitive beliefs are the main predictor of OCD symptomatology versus